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**DECLARATION AND POWER OF ATTORNEY**  
**FOR PATENT APPLICATION**

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled:

**AMYLOID IMMUNIZATION AND COX-2 INHIBITORS FOR THE TREATMENT OF  
ALZHEIMER'S DISEASE**

The specification of which, with any Preliminary Amendment, (check one)

☐ is attached hereto

☒ was filed on July 25, 2003, as United States Application Serial No. 10/627,357

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

PCT/US / PCT  
(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(US Patent No.)

(Filing date)

(Issue Date)

(Application Serial No.)	(Filing date)	(Status)
60/402,760 (provisional)	August 12, 2002	
60/402,778 (provisional)	August 12, 2002	
60/402,674 (provisional)	August 12, 2002	
60/402,676 (provisional)	August 12, 2002	
60/402,655 (provisional)	August 12, 2002	
60/402,773 (provisional)	August 12, 2002	
60/402,675 (provisional)	August 12, 2002	

## POWER OF ATTORNEY

As a named inventor, I hereby appoint as attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys ad agents, their registration numbers being listed after their names:

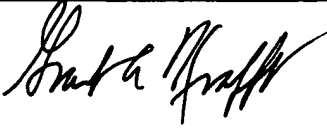
S. Christopher BAUER, Reg. No. 42,307  
 Julie S. CHAPPELL, Reg. No. 46,612  
 Kenton N. FEDDE, Reg. No. 54,701  
 J. Timothy KEANE, Reg. No. 27,808  
 Scott J. MEYER, Reg. No. 25,275  
 Rachel A. POLSTER, Reg. No. 47,004

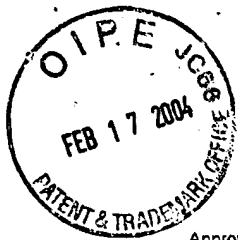
Philip B. POLSTER II, Reg. No. 43,864  
 Thomas RIZZO, Reg. No. 41,272  
 Joseph R. SCHUH, Reg. No. 48,180  
 James M. WARNER, Reg. No. 45,199  
 Scott A. WILLIAMS, Reg. No. 39,876

All correspondence and telephone communications should be addressed to:

Customer Number: 26648  
 James M. Warner  
 Te: (314) 274-3642

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR (DECEASED)	ROBERTSON	DAVID	W.
PERSONAL REPRESENTATIVE	KRAFFT	GRANT	
RESIDENCE & CITIZENSHIP (of Personal Representative)	CITY Glenview	STATE IL	COUNTRY USA
POST OFFICE ADDRESS (of Personal Representative)	POST OFFICE ADDRESS 1309 Evergreen	CITY Glenview	STATE OR COUNTRY IL
SIGNATURE OF PERSONAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR		DATE 1/31/04	ZIP CODE 60025



Approved, SCAO

OSM CODE: LET

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF WASHTENAWLETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE

FILE NO.

03 1087 DE

Estate of David W. Robertson

TO:

Name, address, and telephone no.

Grant A. Krafft  
1309 Evergreen Court  
Glenview, IL 60025

OCT 15 2003

You have been appointed and qualified as personal representative of the estate on \_\_\_\_\_ Date You are authorized

to do and perform all acts authorized by law except as to the following:

- ☐ Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment
- ☐ Restrictions and limitations:

☐ These letters expire: \_\_\_\_\_

Date

Date

OCT 15 2003

Judge (formal proceedings)/Register (informal proceedings)

Bar no.

Probate Register, Hillary A. Muscato

SEE NOTICE OF DUTIES ON SECOND PAGE

Westerman &amp; Associates, P.C.

Amy N. Morrissey

P48271

Attorney name (type or print)

Bar no.

345 S. Division

Address

Ann Arbor, MI 48104

(734) 995-9731

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original and that these letters are in full force and effect as of the date on the letters.

10/15/03

Date

Kathy Lowell  
Deputy register  
cluc

Do not write below this line - For court use only

MCL 700.3103, MCL 700.3307, MCL 700.3414,  
MCL 700.3504, MCL 700.3601.

PC 572 (9/02) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

**CONTINUED ADMINISTRATION:** If the estate is not settled within 1 year after your original appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of your appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate.

[MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

**DUTY TO COMPLETE ADMINISTRATION OF ESTATE:** You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

**CHANGE OF ADDRESS:** You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

#### **Additional Duties for Supervised Administration**

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

**INVENTORY:** You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. [MCL 700.3706, MCR 5.310(E)]

**ACCOUNTS:** You are required to file with this court once a year, either on the anniversary date your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. Note: The estate may be subject to inheritance tax.

#### **Additional Duties for Unsupervised Administration**

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

**INVENTORY:** You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. Note: The estate may be subject to inheritance tax.

1. DECEASED'S NAME (First Middle Last)		2 SEX		3 DATE OF DEATH (Month, Day, Year)	
David Wayne Robertson		Male		August 16, 2003	
4a AGE - Last Birthday (Years)		4b UNDER 1 YEAR		4c UNDER 1 DAY	
48		MONTHS DAYS		HOURS MINUTES	
5 DATE OF BIRTH (Month, Day, Year)		6 COUNTY OF DEATH		7a CITY, VILLAGE OR TOWNSHIP OF DEATH	
July 30, 1955		Washtenaw		Scio Township	
7b LOCATION OF DEATH (Enter place officially pronounced dead in 7b, 7d, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		7d IF HOSP. OR INST. - Inpatient, Op Room, Room, DOA (Specify)		7c CITY, VILLAGE OR TOWNSHIP OF DEATH	
396 Wild Fox Ct.				Scio Township	
8 SOCIAL SECURITY NUMBER		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		9b KIND OF BUSINESS OR INDUSTRY	
461-02-4471		Executive Director		Medical	
10a CURRENT RESIDENCE STATE		10b COUNTY		10c LOCALITY (Check one box and specify)	
Michigan		Washtenaw		<input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP OF Scio	
10d STREET AND NUMBER		10e ZIP CODE		10f BIRTHPLACE (City and State or foreign Country)	
396 Wild Fox Court		48103		Dumas, Texas	
11 MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify)		12 SURVIVING SPOUSE (If wife, give name before first married)		13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
Divorced				No	
14 ANCESTRY - American, Puerto Rican, Cuban, Central or South American, Chinese, other Hispanic, Afro American, Arab, English, French, etc. (Specify briefly)		15 RACE - American Indian, Black White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below)		16 DECEASED'S EDUCATION (Specify only highest grade completed)	
American		White		Elementary/Secondary (0-12) College (13-16 or 5+)	
17 FATHER'S NAME (First Middle Last)		18 MOTHER'S NAME (First Middle, Surname before first married)		19 DECEASED'S EDUCATION (Specify only highest grade completed)	
R. L. Robertson		Nixie McDougal		Elementary/Secondary (0-12) College (13-16 or 5+)	
20a INFORMANT'S NAME (Type/Print)		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code)		20c LOCATION - City or Village, State	
Nixie Robertson		123 Oak, Dumas, Texas 79029		Dumas, Texas	
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify)		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		22b LOCATION - City or Village, State	
Burial		Dumas Cemetery		Dumas, Texas	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE		24 LICENSE NUMBER (of Licensee)		25 NAME AND ADDRESS OF FACILITY	
Doyles R NW II		6752		Morrison Funeral Directors 1015 Dumas Ave., Dumas, Texas 79029	
26 PART I - Enter the diseases, injuries or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		27a WERE AN AUTOPSY PERFORMED (Yes or No)		27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		yes		yes	
Hypertensive Cardiovascular Disease					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II - Other significant conditions contributing to death but not resulting in the underlying cause, given in Part I					
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify)		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)		30a To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.	
Home		yes		(Signature and Title)	
30b DATE SIGNED (Mo., Day, Yr.)		30c TIME OF DEATH		31a DATE SIGNED (Mo., Day, Yr.)	
				08/17/2003	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				31b PRONOUNCED DEAD (Mo., Day, Yr.)	
				08/16/2003	
				31c TIME OF DEATH	
				4:00 P.M.	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type or Print)		32b LICENSE NUMBER		32c DATE FILED (Month, Day, Year)	
J. Scott Somerset, MD, Deputy Med Exam, 2215 Hogback Rd., Ann Arbor, MI		66981		AUG 22 2003	
33a ALL SUICIDE HOW NATURAL OR PENDING INVEST (Specify)		33b DATE OF INJURY (Mo., Day, Yr.)		33c TIME OF INJURY	
natural					
33d INJURY AT WORK (Specify Yes or No)		33e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33f LOCATION - Street or R.F.D. No. City, Village or Twp. State	
34a REGISTRAR'S SIGNATURE		34b DATE FILED (Month, Day, Year)		34c	
Booth M. Vaines /HS					